Support Coordination Agency Selection Form

In order to access services funded by the New Jersey Division of Developmental Disabilities, you will need to have a Support Coordination Agency (SCA). The SCA will assign you an individual support coordinator who will help you to identify services, draft an Individualized Service Plan (ISP), and ensure that you are receiving the services you need on an ongoing basis. If you have a preference for working with a particular SCA, you may choose one from the list of providers who have been approved by the Division to offer Support Coordination services. If you do not have a preference, or if the agency that you choose does not provide services within your county and/or does not have the capacity to provide you with services at this time, the Division will auto-assign you to an agency. You will have the option of changing your SCA after 30 days.

Once you select an agency and submit your form, the Division will enter your information into its system once it is received and notify the SCA. From the date that the SCA is assigned, the SCA will have 30 days to work with you to complete your ISP. It is important to note that an ISP must be completed within 30 days of assignment to a Support Coordination Agency. This requires cooperation and commitment of the participant and/or their family and the SCA to attend meetings and work closely together to identify the appropriate services and supports that will be used to create the ISP. If you and/or your family cannot commit to this timeframe or services are not yet needed, please hold off in submitting this form until you are ready.

A list of approved Support Coordination Agencies can be accessed on the Supports Program Provider Portal at: http://www.state.nj.us/humanservices/ddd/programs/sppp.html.

Please complete the bottom portion of this form and submit to the Division of Developmental Disabilities:

***Preferred Option*: Complete and save this document, then email it as an attachment to the SC Help Desk at**
DDD.SCHelpdesk@dhs.state.nj.us
-OR-
Mail the completed form to:
New Jersey Division of Developmental Disabilities
Central Office c/o SCA Selection Forms
PO Box 726
Trenton, NJ 08625-0700

Name: Click here to enter text. Graduation Date (*if applicable*): Click here to enter text.

DDD ID: Click here to enter text. County of Residence: Click here to enter text.

Please indicate choice of SCA **OR** auto-assign option:

My **first choice** for a Support Coordination Agency is Click here to enter text.
I prefer a particular Support Coordinator in the above agency – Name: Click here to enter text.

My **second choice** for a Support Coordination Agency is Click here to enter text.
I prefer a particular Support Coordinator in the above agency – Name: Click here to enter text.

I **do not have a preference** for Support Coordination Agency. Please auto-assign me. ☐ (check here if applicable)

Signature: _____ Date: Click here to enter a date.

Print Name: Click here to enter text. Phone: Click here to enter text.

Email (*for confirmation of receipt of form*): Click here to enter text.

**Please note that Support Coordination Agencies cannot guarantee nor are required to assign your individual Support Coordinator preference.*